

Exhibit 14-B TCRP Allocation Request**Section I. Project Information**

- A. Project Name: _____
- B. Specify the paragraph number, authorized dollar amount, and project description pursuant to Government Code Section 14556.40 (a) (AB 2928, Chapter 91 of the Statutes of 2000) authorizing this project:
Paragraph Number: _____ Amount: \$ _____ million
- C. Has the Project changed as defined in Section 7.2 or Section 7.3 of the TCRP Guidelines?
- ____ Yes, as defined in Section 7.2, complete this Allocation Request form and prepare a narrative describing the nature (what and why) of the change for submittal to the CTC for approval.
- ____ Yes, as defined in Section 7.3, complete this Allocation Request form and indicate:
- ____ A narrative describing the nature (what and why) of the change is attached.
- ____ An Amended Application for submittal to the CTC for approval is attached.
- ____ No, complete the Allocation Request form.

Section II. Approved Application Information

- A. What was the date of approval for the TCRP Application that covers this Allocation Request? _____
- B. Is this Allocation Request for a capital phase(s) (Phase 3 or 4 as defined in the Guidelines and Application)?
- ____ Yes, answer the following:
- Does the Approved Application cover any capital phase(s)?
- ____ Yes, therefore, any required environmental documents were submitted and approved along with the Application. Complete the Allocation Request.
- ____ No, attach required environmental documents and complete the Allocation Request. This request will require CTC approval.
- ____ No, complete Allocation Request.

Section III. Project Phases and TCRP Funds covered by this Request

Planned: (from Application)	Phase 1	Phase 2	Phase 3	Phase 4	Total
TCRP Funds					
Estimated Allocation Date (month/year)					
History: (List all previously approved allocations)					
TCRP Funds					
Allocation Date (month/year)					
Requested: Differences, if any, should be explained					

C The Implementing Agency requests an advance payment of \$_____.

Please explain and justify.

D. The Implementing Agency requests the following rate of reimbursement be considered in association with the requested allocation.

___ Proportionally spread across all funding sources.

___ Other, please explain and justify: _____

Section IV. Signatures of Requesting Agencies

Officer or Director of Implementing Agency

Date

Officer or Director of Applicant Agency
(Required if different from Implementing Agency)

Date

Distribution: Local Agency, CTC, MPO/RTPA, District Local Assistance